## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS PRACTICES CONTINSSION

COVER PAGE TI APR -8 FIT 2: 48

Please type or print in ink.

er in the second

2011 MAR 14 A 8: 00

Agency Name  CITY OF SANTA CLARITA  Division, Board, Department, District, if applicable  Your Position  CITY COUNCILMAN  If filing for multiple positions, list below or on an attachment.  Agency: Reduvelopment  Agency: Reduvelopment  Position: Agency Member  2. Jurisdiction of Office (Check at least one box)  State  Multi-County  City of SANTA CLARITA  3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31, 2010.  The period covered is//, through December 31, 2010.  Assuming Office: Date/, through the date of leaving office.  Candidate: Election Year Office sought, if different than Part 1:	1. Office, Agency, or Court Agency Name CITY OF SANTA CLARITA Division, Board, Department, District, if applicable CITY COUNCILMAN  ➤ If filing for multiple positions, list below or on an attachment. Agency: Reduction of Office (Check at least one box)  State  Jurisdiction of Office (Check at least one box)  State  Notifice (Check at least one box)  State  Notifice County of  County of  County of  County of  County of  Check and Insurance In	_	ME OF FILER	(LAST)	(FIRST) (MIDDLE)			
1. Office, Agency, or Court  Agency Name  CITY OF SANTA CLARITA  Division, Board, Department, District, if applicable  **Position**  CITY COUNCILMAN  **If filing for multiple positions, list below or on an attachment.  Agency: **Red Lule pmlrt**  Agency: **Red Lule pmlrt**  2. Jurisdiction of Office (Check at least one box)  State  Multi-County  City of SANTA CLARITA  3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31, 2010or  The period covered is, through the date of leaving office.  Assuming Office: Date, through the date of leaving office.  Candidate: Election Year Office sought, if different than Part 1:  4. Schedule Summary  Check applicable schedules or "None."  Schedule A-1 - Investments - schedule attached  Schedule B - Real Property - schedule attached  Schedule B - Real Property - schedule attached  Schedule B - Real Property - schedule attached  Schedule E - Income - Gitts - Travel Payments - schedule attached  Schedule E - Income - Gitts - Travel Payments - schedule attached	1. Office, Agency, or Court Agency Name CITY OF SANTA CLARITA Division, Board, Department, District, if applicable CITY COUNCILMAN  ➤ If filing for multiple positions, list below or on an attachment. Agency: Reduction of Office (Check at least one box)  State  Jurisdiction of Office (Check at least one box)  State  Notifice (Check at least one box)  State  Notifice County of  County of  County of  County of  County of  Check and Insurance In	K	ELLAR		ROBERTRECEIVED C			
CITY OF SANTA CLARITA  Division, Board, Department, District, if applicable  CITY COUNCILMAN  ► If filing for multiple positions, list below or on an attachment.  Agency: Pedevalopment  Agency: Pedevalopment  Division: Department (Check at least one box)  State  Multi-County  City of SANTA CLARITA  Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31, 2010or.  The period covered is, through December 31, 2010. Or the period covered is, through December 31, 2010or.  The period covered is, through December 31, 2010. Or the period covered is, through the date of leaving office.  Assuming Office: Date, through the date of leaving office.  Candidate: Election Year	CITY OF SANTA CLARITA  Division, Board, Department, District, if applicable  **Pour Position**  **Position**  **Po	1.	Office, Agency, or	Court	5 CELIME OF FICE			
Division, Board, Department, District, if applicable    CITY COUNCILMAN	Division, Board, Department, District, if applicable    CITY COUNCIL MAN		Agency Name		AND A 1900 AND			
CITY COUNCILMAN  If filing for multiple positions, list below or on an attachment.  Agency: Reduvelopment	If filing for multiple positions, list below or on an attachment.   Agency   Reduelopment   Position:   Agency   Member		CITY OF SANTA C	LARITA				
New Filing for multiple positions, list below or on an attachment.  Agency: Redevelopment Position: Tygency Member  2. Jurisdiction of Office (Check at least one box)  State  Multi-County  City of SANTA CLARITA  3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31, 2010.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is, through the date of leaving office.  The period covered is	If filing for multiple positions, list below or on an attachment.   Agency: Redevelopment   Position: Agency   Member		Division, Board, Departmen	nt, District, if applicable	Your Position			
Agency: Redevalorment	Agency: Reduver and the set of the state of			CITY COUNCILMAN				
2. Jurisdiction of Office (Check at least one box)  State  Multi-County  SANTA CLARITA  3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31, 2010.  The period covered is	2. Jurisdiction of Office (Check at least one box)    State		► If filing for multiple posit	tions, list below or on an attachment.				
2. Jurisdiction of Office (Check at least one box)  State  Multi-County  SANTA CLARITA  3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31, 2010.  The period covered is	2. Jurisdiction of Office (Check at least one box)    State		Agamer Redev	olonmont	parition Mancy Member			
State	State   Judge (Statewide Jurisdiction)   County of   County of   Other   Ot		,	U	POSITION,			
Multi-County   County of     SANTA CLARITA   Other	Multi-County	2.		ice (Check at least one box)	—			
Schedule A-1 - Investments - schedule attached   Schedule B - Real Property - schedule attached   Schedule B - Real Property - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - schedule attached   Schedule E - Income - Gifts - Travel Payments - Schedule - Or-	3. Type of Statement (Check at least one box)   Annual: The period covered is January 1, 2010, through December 31, 2010		State		☐ Judge (Statewide Jurisdiction)			
Schedule A-1 - Investments — schedule attached   Schedule B - Real Property — schedule attached   Schedule B - Real Property — schedule attached   Schedule B - Real Property — schedule attached   Schedule E - Income — Gifts - Travel Payments — schedule attached   Schedule E - Income — Gifts - Travel Payments — schedule attached   Schedule E - Income — Gifts - Travel Payments — schedule attached   Schedule E - Income — Gifts - Travel Payments — schedule attached   Schedule E - Income — Gifts - Travel Payments — schedule attached   Schedule E - Income — Gifts - Travel Payments — schedule attached   Schedule E - Income — Gifts - Travel Payments — schedule attached   Schedule E - Income — Gifts - Travel Payments — schedule attached   Schedule E - Income — Gifts - Travel Payments — schedule attached   Schedule E - Income — Gifts - Travel Payments — schedule attached   Schedule E - Income — Gifts - Travel Payments — schedule attached   Schedule E - Income — Gifts — Travel Payments — schedule attached   Schedule E - Income — Gifts — Travel Payments — schedule attached   Schedule E - Income — Gifts — Travel Payments — schedule attached   Schedule E - Income — Gifts — Travel Payments — schedule attached   Schedule E - Income — Gifts — Travel Payments — schedule attached   Schedule E - Income — Gifts — Travel Payments — schedule attached   Schedule E - Income — Gifts — Travel Payments — schedule attached   Schedule E - Income — Gifts — Travel Payments — schedule attached   Schedule E - Income — Gifts — Travel Payments — Schedule A - Or -	3. Type of Statement (Check at least one box)   Annual: The period covered is January 1, 2010, through December 31, 2010or.  The period covered is, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office.  Assuming Office: Date, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office.  Candidate: Election Year Office sought, if different than Part 1:		<del>-</del>		County of			
Annual: The period covered is January 1, 2010, through December 31, 2010.  The period covered is	Annual: The period covered is January 1, 2010, through December 31, 2010		City of SANTA CL	ARITA	Other			
Annual: The period covered is January 1, 2010, through December 31, 2010.  The period covered is	Annual: The period covered is January 1, 2010, through December 31, 2010	<del>_</del>	Type of Statement	(Obest of local and hou)				
The period covered is/, through December 31,	Check one    The period covered is	ა.	• •	·				
The period covered is	The period covered is		2010	covered is January 1, 2010, through Decem				
Leaving office.   Leaving o	Leaving office.   Leaving office.   Assuming Office: Date		-01-	ad ic / / through Decemb				
of leaving office.  ☐ Candidate: Election Year Office sought, if different than Part 1:	of leaving office.  □ Candidate: Election Year		· · · · · · · · · · · · · · · · · · ·	d is, anough become	IDGI OTI			
of leaving office.  ☐ Candidate: Election Year Office sought, if different than Part 1:	of leaving office.  □ Candidate: Election Year		☐ Assuming Office: D	late / <u>/</u>				
4. Schedule Summary  Check applicable schedules or "None."  □ Schedule A-1 - Investments - schedule attached □ Schedule A-2 - Investments - schedule attached □ Schedule B - Real Property - schedule attached □ Schedule E - Income - Gifts - Travel Payments - schedule attached □ Schedule E - Income - Gifts - Travel Payments - schedule attached	4. Schedule Summary  Check applicable schedules or "None."  Schedule A-1 - Investments - schedule attached  Schedule A-2 - Investments - schedule attached  Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  -or-  None - No reportable interests on any schedule  herein and in any attached schedules is true and complete. □ acknowledge this is □ certify under penalty of perjury under the laws of the State of California tha  MARCH 7, 2011  Signature			<u> </u>				
Check applicable schedules or "None."  □ Schedule A-1 - Investments – schedule attached □ Schedule A-2 - Investments – schedule attached □ Schedule B - Real Property – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached	Check applicable schedules or "None."  □ Schedule A-1 - Investments – schedule attached □ Schedule C - Income, Loans, & Business Positions – schedule attached □ Schedule D - Income – Gifts – schedule attached □ Schedule B - Real Property – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule B - Real Property – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ None - No reportable interests on any schedule		Candidate: Election	Year Office sough	nt, if different than Part 1:			
Check applicable schedules or "None."  □ Schedule A-1 - Investments – schedule attached □ Schedule A-2 - Investments – schedule attached □ Schedule B - Real Property – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached	Check applicable schedules or "None."  □ Schedule A-1 - Investments – schedule attached □ Schedule C - Income, Loans, & Business Positions – schedule attached □ Schedule D - Income – Gifts – schedule attached □ Schedule B - Real Property – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule B - Real Property – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ None - No reportable interests on any schedule	_	Schodule Summer	hadula Summary				
Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached  Schedule D - Income - Gifts - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  -or-	Schedule A-1 - Investments – schedule attached  Schedule C - Income, Loans, & Business Positions – schedule attached  Schedule D - Income – Gifts – schedule attached  Schedule B - Real Property – schedule attached  -or-  None - No reportable interests on any schedule  herein and in any attached schedules is true and complete. □ acknowledge this is  I certify under penalty of perjury under the laws of the State of California tha  MARCH 7, 2011  Signatu	₩,	•	•	Total number of pages including this cover page:			
Schedule A-2 - Investments – schedule attached  Schedule D - Income – Gifts – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  -or-	Schedule A-2 - Investments - schedule attached  Schedule B - Real Property - schedule attached  None - No reportable interests on any schedule  None - No reportable interests on any schedule  Schedule B - Income - Gifts - Travel Payments schedule attached  None - No reportable interests on any schedule  Territory under penalty of perjury under the laws of the State of California that  MARCH 7, 2011  Signatu		•					
Schedule B - Real Property – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  -or-	Schedule B - Real Property – schedule attached  -or- None - No reportable interests on any schedule  herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California that  Date Signed MARCH 7, 2011  Signatule				<del></del>			
-or-	None - No reportable interests on any schedule  herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California tha  Date SignedMARCH 7, 2011Signatule.							
	None - No reportable interests on any schedule  herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California that  Date Signed MARCH 7, 2011  Signature		Schedule D - Mean r	•	Schedule c - Income - Outs - Traver Fayments - Schedule attached			
	herein and in any attached schedules is true and complete. Tacknowledge this is I certify under penalty of perjury under the laws of the State of California that  Date Signed MARCH 7, 2011 Signature.			_	le interests on any schedule			
	I certify under penalty of perjury under the laws of the State of California that  Date Signed MARCH 7, 2011 Signature	Vinitions on any surround						
	I certify under penalty of perjury under the laws of the State of California that  Date Signed MARCH 7, 2011 Signature							
	I certify under penalty of perjury under the laws of the State of California that  Date Signed MARCH 7, 2011 Signature							
	I certify under penalty of perjury under the laws of the State of California that  Date Signed MARCH 7, 2011 Signature							
	I certify under penalty of perjury under the laws of the State of California that  Date Signed MARCH 7, 2011 Signature							
	I certify under penalty of perjury under the laws of the State of California that  Date Signed MARCH 7, 2011 Signature							
	Date Signed MARCH 7, 2011 Signatur		herein and in any attached	d schedules is true and complete. I acknow	wledge this is			
herein and in any attached schedules is true and complete. I acknowledge this is	Date digited digital di		I certify under penalty of	f perjury under the laws of the State of C	California tha			
	Date digited digital di		,	MARCH 7 2011	-			
I certify under penalty of perjury under the laws of the State of California that	(month, day, year)		Date Signed		Signatu			
I certify under penalty of perjury under the laws of the State of California that  Date Signed MARCH 7, 2011 Signature	quant, any year			funding sold head				

## SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
Robert Kellar			

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
KELLAR-DAVIS INC.	BOB KELLAR INC.
Name 16670 SOLEDAD CANYON, SANTA CLARITA 91387	Name 16670 SOLEDAD CANYON, SANTA CLARITA 91387
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY REAL ESTATE SALES	GENERAL DESCRIPTION OF BUSINESS ACTIVITY REAL ESTATE SALES
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
□ \$2,000 - \$10,000 □ \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship X PartnershipOther	Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION CFO	YOUR BUSINESS POSITION PRES
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499 X \$10,001 - \$100,000	\$0 - \$499
☐ \$1,001 - \$1,000 ☐ OVER \$100,000	\$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
8/19 THE PRESERVE	8/19 THE PRESERVE
	8/19 DRHORTON
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity or	Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property	Street Address or Assessor's Parcel Number of Real Property
Description of Rusiness Activity or	Description of Presinace Activity or
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
S100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000	\$1,000,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000
NATURE OF INTEREST	
Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2010/2011) Sch. A-: